

Case Number:	CM14-0005112		
Date Assigned:	02/05/2014	Date of Injury:	12/22/2010
Decision Date:	03/12/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37-year-old male who reported an injury on 12/22/2010. The mechanism of injury was not provided. On 05/01/2014, the injured worker presented for a pain management followup. He had complaints of low back pain that radiates to the bilateral legs and feet. Prior therapies included physical therapy, acupuncture, the use of a TENS unit, epidural steroid injections, and medications. Medications included Nucynta, gabapentin, tramadol, amitriptyline, and dextromethorphan. Upon examination of the lumbar spine, there was bilateral L4-5 and L5-S1 overlying facet joint tenderness, with positive trigger points over the gluteus maximus and gluteus minimus muscles. There was intact sensation, no focal findings on a neurologic exam. The provider's treatment plan included an NCS of the left lower extremity and right lower extremity. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NCS BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Nerve Conduction Study.

Decision rationale: The request for NCS of the left lower extremity is not medically necessary. The California MTUS Guidelines state that focal and neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks is recommended prior to official diagnostic tests. The Official Disability Guidelines further state that a nerve conduction study is not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. More research is needed to recommend a nerve conduction study for the lower extremities. The documentation submitted for review notes tenderness noted over the lumbar spine, and no focal findings on the neurologic exam. There is no evidence of a straight leg raise test noted. Additionally, the guidelines do not support a nerve conduction study of the lower extremity. As such, medical necessity has not been established.